

Gloucestershire Group Homes Limited

Wortley Villa

Inspection report

Bath Road
Nailsworth
Gloucestershire
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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Good



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Requires improvement



Is the service well-led?

Good



Overall summary

Wortley Villa provides accommodation and personal care for 5 people. There were five men living at the home when we inspected. The service supports people with Autism or Asperger's Syndrome. This was an unannounced inspection, which meant the staff and provider did not know we would be visiting.

Wortley Villa is situated in the village of Nailsworth close to local shops and amenities. Some people accessed the village independently. The home is situated over three floors which are accessible by stairs. Three of the five bedrooms had an ensuite and two people shared a communal bathroom. Bedrooms were personalised to

reflect the taste and personality of the occupant. On the ground floor there was a lounge/dining room and kitchen which was shared by the five people living in the home. Two bedrooms were situated on the ground floor.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Summary of findings

People were involved in making decisions about their care. People had a care plan that described how they wanted to be supported. One of the care plans we viewed had not been updated to reflect a change in how they were supported with their health care needs. There were no daily records maintained about how people had been supported, what activities they had taken part in or their general well-being. There was a risk that important information or changes would not be identified promptly to ensure the care was effective or responsive. This was a breach of regulation and we have asked the provider to take action.

The staff were knowledgeable about the people they supported and caring in their approach. Staff commented positively about the management support. Whilst staff had received initial training when they first started working for the organisation some training required updating such as fire, first aid, medicine administration and competence and health and safety. This was a breach of regulation and we have asked the provider to take action.

People were protected from the risk of abuse because there were clear procedures in place to recognise and

respond to abuse and staff had been trained in how to follow the procedures. Systems were in place to ensure people were safe including risk management, checks on the environment and safe recruitment processes. People received their medicines safely.

There was a day centre that people could access if they wanted during the day and two evenings a week. People were supported to access the community either with staff support or independently. There was usually one member of staff working in Wortley Villa. There were day care staff who complimented the residential staff, supporting people to take part in activities of their choice. Other health and social care professionals were involved in the care of the people living at Wortley Villa.

Systems were in place for monitoring the quality of the service. This included seeking the views of people and their relatives through annual surveys.

There were two breaches of regulation in respect of record keeping and staff training. You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe. People received safe care and risks to their health and safety were well managed. Medicines were managed safely.

Staff had received training in safeguarding adults enabling them to respond and report any allegations of abuse. Staff felt confident that any concerns raised by themselves or people using the service would be responded to appropriately in respect of an allegation of abuse or poor practice.

Staff had been through a thorough recruitment process before they started working with people. There were sufficient staff to keep people safe and to meet their needs. All of the staff had worked in the home for many years providing people with security and a consistent approach. This was important when supporting a person with Autism and Asperger's syndrome who may find it difficult to form relationships.

Good



Is the service effective?

Whilst some parts of the service was effective. Staff were not receiving regular on-going training in relation to some areas of their practice.

People received an effective service because staff provided support which met their individual needs. People's nutritional needs were being met.

People's rights were upheld and they were involved in decisions about their care and support. Staff were knowledgeable about the legislation to protect people in relation to making decisions and safeguards in respect of deprivation of liberty.

People were supported by staff who were knowledgeable about their care needs. Other health and social care professionals were involved in supporting people to ensure their needs were met.

Requires improvement



Is the service caring?

The service was caring. People were cared for with respect and dignity. Staff were knowledgeable about the individual needs of people and responded appropriately. Staff were polite and friendly in their approach and showed a good understanding about people with a diagnosis of Autism or Asperger's syndrome.

People's views were listened to and acted upon.

Good



Summary of findings

Is the service responsive?

We found there were some areas that needed to improve to ensure people were receiving care that was responsive. This related to record keeping, ensuring care plans were up to date and recording of care people received. The lack of records meant the provider or the manager could not monitor the care to ensure it was responsive to people's changing needs.

People had access to activities enabling them to socialise with others if they wished. People were asked what they would like to do and activities were planned around their interests and hobbies.

People could be confident that their concerns would be listened to and acted upon..

Requires improvement



Is the service well-led?

The service was well led. People benefited from a service that was well led where their views were actively sought. Staff were clear on their roles and aims and objectives of the service and supporting people in an individualised way.

Staff described a cohesive team with the provider/ registered manager working alongside them. Staff told us they felt supported both by the management of the service and the team.

The quality of the service was regularly reviewed by the provider/registered manager and staff.

Good



Wortley Villa

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was an unannounced inspection which was completed on 29 April and 5 May 2015. One inspector carried out this inspection.

Prior to our visit we asked for a Provider Information Return (PIR) to be returned to us. The PIR is information given to us by the provider. This is a form in which we ask the provider to give some key information about the service, what the

service does well and improvements they plan to make. We reviewed the information included in the PIR along with information we held about the home. This included notifications this is information about important events which the service is required to send us by law.

We contacted Gloucestershire Council who commission the service and three health professionals to obtain their views on the service and how it was being managed. No concerns were received.

We spoke with two people living at Wortley Villa, four staff, the nominated individual and the registered manager. We looked at two people's records and those relating to the running of the home. This included staffing rotas, policies and procedures, three staff's recruitment files and training information for all staff.

Is the service safe?

Our findings

People told us they liked living in Wortley Villa and the staff supported them appropriately. One person said, “Yes the staff are alright, they help me to go out which I find difficult sometimes”. People spoken with did not express any concerns about the way they were treated or supported. One person told us they could spend time in the Wortley Villa for short periods without staff support.

People received a safe service because risks to their health and safety were being well managed. Care records included risk assessments about keeping people safe whilst encouraging them to be independent. Four people had plans in place to spend time in the home alone for short periods of time. Clear guidelines were in place detailing when and how long they could be alone.

Environmental risk assessments had been completed, so any hazards were identified and the risk to people removed or reduced. Staff showed they had a good awareness of risks and knew what action to take to ensure people’s safety. Checks on the fire and electrical equipment were routinely being completed.

Some people were prescribed medicines they could not manage themselves. Staff told us that at the time of the inspection no one was self-administering but this would be considered if it was safe for a person to do so. The arrangements for managing medicines on their behalf were safe.

The home was clean and free from odour. Cleaning schedules were in place. However, there were some gaps in the recording. A cleaner was employed to assist with the cleaning of the home and was observed deep cleaning the kitchen. They told us they worked one day a week. There was flaking paint in the Kitchen. A member of staff told us this was being redecorated at the end of May 2015 along with the sleep in office which doubles up as the staff sleep in room. Staff told us there a good response to repairs and redecoration of the home.

Staff were clear about what action they should take if they witnessed or suspected any abuse. There were policies and procedures to guide staff on the appropriate approach to safeguarding and protecting people. Staff confirmed they

had received safeguarding training and explained how this was reported. CQC has not received safeguarding concerns from or about the service. Staff were aware of the organisation’s ‘whistle blowing’ policy and expressed confidence in reporting concerns.

People told us they could seek staff out when required for assistance. Staff confirmed there was sufficient staff working in the home to support the five people. There was always one member of staff available to provide support . Additional staff were rostered as and when required to assist with health appointments and activities in the community. On the day of our inspection an extra member of staff assisted a person with their weekly shopping trip. The person told us this activity took place every week without fail and a second member of staff was always available to support them. The person told us this was really important to them. This person was also observed reminding staff about a planned appointment. They were given assurances there would be additional staff to support them.

Staff told us if there was more staff available this could potentially increase people’s anxiety levels so it was better when only one staff member was working in the home. Staff were able to contact a senior on call manager for advice outside of office hours. They told us this support could either be for telephone advice or in person.

The provider and the registered manager were aware of their responsibilities in ensuring suitable staff were employed. Safe recruitment systems were in place that recognised equal opportunities and protected the people living in the home.

The registered manager told us there was very little staff turnover in the organisation and many of the staff had supported people for many years. This was important to the people they supported who, for some, experienced increased anxiety as a result of staff changes. The registered manager told us they were planning for this financial year to re-check all staff’s DBS so that they could be assured that all staff were suitable to work in care. This was because many of the staff had worked for the organisation for many years. This was confirmed in the provider information return as an area for improvement.

Is the service effective?

Our findings

Staff received training when they started working for the organisation. This included safeguarding adults, health and safety and training relevant to their role. All staff had received training in supporting people with Autism or Asperger's syndrome.

Staff completed the skills for care induction syllabus with a local college. This was complimented by an in-house induction which introduced new staff to the people they were supporting and the expectations of the organisation. However, training had not been updated periodically. Most staff had not received fire training since 2009, first aid training and medicine training since 2010. The registered manager and the provider told us the training was still valid, and were confident the workforce had received suitable training and staff were competent. After the inspection we received an email stating that they had made contact with the training providers, and the training was not valid and they would be ensuring staff had been updated in the areas required.

We found that the registered person had not ensured staff had received regular training relevant to their role. This was in breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Staffing.

Some staff had completed a certificate or degree in supporting people with Autism and Asperger's syndrome. Other staff had attended internal training in this area. Staff were knowledgeable about these conditions and how it impacted on the person showing both empathy and understanding of the people they supported.

The provider told us in the provider information return (PIR) that training was an area that they planned to make improvements in over the next twelve months. They stated they would ensure the staff team had up to date on-going training in all mandatory areas through a range of training. They told us training was delivered by a variety of methods including in-house, attendance at a local college and through a web based training package. They told us training was managed by a senior manager who was responsible for ensuring training was in place for all staff across the whole organisation.

On the second day of the inspection completed in the following week the provider had taken action as a result of the breach identified above. The registered manager was

able to show us information they had sought in respect of updating the training since our initial visit. This included information about the new care certificate. This is a nationally recognised induction for staff working in the field of care which was being introduced from 1 April 2015. We were told this would be introduced for all new staff.

Staff said they received regular one to one supervision and support from the management team. This provided staff with the opportunity to discuss and reflect upon their practice and develop their approaches. Staff had an annual appraisal of their work performance and an opportunity to review their training needs. Staff meetings were organised quarterly or when important matters required discussing. Minutes were kept of these discussions including any agreed action.

Staff told us the least restrictive approach was used to avoid behaviours escalating. They said the priority was to make the environment safe and calm for people, rather than imposing restrictions on people or their movements. Staff spent time talking and listening to people. People's care records included care plans which provided guidance for staff on how to respond to changes in people's behaviour. This helped to ensure staff supported people in a safe and consistent way. Staff described how they used observations and their skills of listening so they could pre-empt when a person was anxious. Staff told us, "It was important for people that there was a low arousal atmosphere". They told us that noise and too much commotion could increase people's anxiety levels. Other triggers included too many staff and visitors to the home.

People's rights were protected because the staff acted in accordance with the Mental Capacity Act 2005 (MCA). This provides a legal framework for acting on behalf of people who lack capacity to make their own decisions. Staff told us that everyone presently accommodated at Wortley Villa had the mental capacity to make their own decisions.

Staff were aware of those decisions that people required additional support for example when a decision was more complex. An example of this was decisions about healthcare when people may not be able to fully understand the relevant information. Meetings were held so that decisions could be made which were in people's best interests. This included other health and social care

Is the service effective?

professionals and where relevant relatives. Records were maintained of any best interest meetings including who was involved. It was clear from talking with staff and the information in care records people were always involved.

Staff told us there had been no applications in respect of the Deprivation of Liberty Safeguards. (DoLS). DoLS protect the rights of people by ensuring if there were any restrictions to their freedom and liberty, these had been authorised by the local authority. No applications had been made as everyone had been assessed as having the mental capacity to make their own decisions and there were no restrictions in place.

Care records included information about any specialist arrangements for meal times and dietary needs. Staff told us people could choose to eat their meal in either the dining area or in their bedroom. Some people due to their diagnosis of Autism or Asperger's syndrome preferred to eat in their bedroom and this was respected.

The weekly menu was displayed in the kitchen and showed there was a varied and healthy diet available to people. A member of staff told us there was a four weekly rotational menu and this was changed four times a year. People's preferences had been incorporated into the menu. On the day of the inspection people were asked what they would like for lunch. They were offered a selection of sandwiches

and choice of fruit. One person told us, "The food is alright here, not bad at all". Staff told us there were no specialist diets however, if there were, these would be accommodated. One person often had an alternative to the planned menu as they preferred more traditional foods rather than curries and pasta.

People had access to health care professionals and were registered with a local GP practice. Appointments were made for people to attend appointments with a dentist and opticians. Due to the level of anxiety for one person it had been arranged for the dentist to visit Wortley Villa. Records were maintained of health care appointments detailing the treatment and any follow up action. Other health professionals involved included a psychiatrist and the community mental health team. Staff were able to tell us how they could make referrals to other health and social care professionals for advice and support for people where required.

The design, layout and decoration of the home met people's individual needs. All the bedrooms were single occupancy. Two of the five bedrooms were on the ground floor. Three of the bedrooms had ensembles. All areas of the home had been furnished and decorated to a good standard. A programme of decoration was in place.

Is the service caring?

Our findings

People using the service told us they were happy with the care and support they received. One person told us, “The staff here are alright, they treat me well, it is better than where I have lived before”. The person told us they had lived in the home for a long time and felt the staff knew them well. Another person told us, “I like the staff, I have a key worker and they help me to do the things I like to do”. A keyworker is a member of staff who co-ordinates all aspects of a person’s care. We observed positive and respectful interactions between people and staff.

Staff were knowledgeable about things people found difficult and how changes in daily routines affected them. We were told that certain people could be unsettled by having visitors in the home who they were not familiar with. Staff reassured people about what we were doing and took time to explain our role. People were asked if they wanted to meet with the inspector and where people were anxious, staff provided reassurance and respected their decision.

People could move freely around their home and could choose where to spend their time. The home was spacious and allowed people to spend time on their own if they wished. We found people had been supported to personalise their bedrooms, in ways which reflected their individual preferences and needs. Staff told us they would

only enter a person’s bedroom with their permission and it was respected that people’s bedrooms were their private space. This meant people had access to privacy when they needed to be alone.

Staff told us that people living in the home moved around each rather than having a relationship with each other. Staff told us people respected each other’s space as they had lived together for a number of years.

People’s records included information about their personal circumstances and how they wished to be supported. This information had been added to over time to give a good picture of people’s preferred routines, their interests and things they did not like. This helped to ensure that staff supported people in a person centred way which took account of their individual and diverse needs.

People were supported by staff to maintain relationships with their relatives. Records contained the information staff needed about people’s relationships and family backgrounds. Staff described the arrangements made for people to keep in touch with their relatives.

Staff told us that people were encouraged to be as independent as possible. Some people accessed the community independently whilst others required support. Some people could make themselves snacks and drinks. Whilst others had to be monitored and supported. This was because they would not think to have a drink or eat if they were hungry.

Is the service responsive?

Our findings

Daily handovers were taking place between staff. A handover is where important information is shared between the staff during shift changeovers. Staff told us this was important to ensure all staff were aware of any changes to people's care needs and to ensure a consistent approach.

When we asked staff how they recorded care delivery, information about a person's wellbeing and any activities they take part in. We were told there were no records maintained. Staff told us the handover record contained some information. However, this did not capture people's general well-being or the activities that were offered or where care was refused. Staff told us people's routines were known and information was shared verbally during a handover. There was a risk that subtle changes in behaviours would be missed or the achievements of people not captured. As this information was not recorded it would be difficult to fully evaluate the care people received and important information could be lost over time.

We found that the registered person had not maintained accurate records. This was in breach of regulation 17 (2) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Good Governance.

Care plans described how the person wanted to be supported, their interests and important information to keep them safe. One person's care plan described how they required regular blood tests to ensure their medicines were safe. However, it was noted this person was no longer receiving this medicine since August 2014. Whilst staff were aware of the medicine change and that the blood test was no longer required the care plan had not been updated to reflect the change.

We found that the registered person had not maintained accurate records. This was in breach of regulation 17 (2) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Good Governance.

People told us they had a keyworker. A key worker is a named member of staff that was responsible for ensuring people's care needs were met. This included supporting them with activities and would spend time with them. One person told us "I like my keyworker; they talk to me about cricket and help me when I need it, I can talk to them when

I am not happy and they help calm me down". They explained to us that going out caused them some anxiety but all the staff were supportive and very good in understanding their condition and helped them to keep calm.

People told us about the activities they took part in. One person told us "I go shopping every week; it's what I like to do". Another person told us they were interested in trains and regular trips were organised so they could pursue their hobby. People were also supported to go on annual holidays with staff either individually with staff, or in a small group. Staff told us holidays were planned with individuals based on their interests. Two of the people were happy to go on holiday together whilst others preferred just going with staff.

Some people attended the day centre which was situated near the main office of the Gloucestershire Group Homes. Activities were organised based on people's interests for example some people liked listening to music, others like arts and crafts or walks in the local area. Regular trips to the gym and cinema were organised for those people that were interested. One person worked as a volunteer at a local farm and two people volunteer at a garden centre.

Day care staff were employed to support people, they told us there was a wide range of activities organised during the day and two evenings a week. Activities at the weekend tended to be less formal and upon request. There was a vehicle available to enable people to go further afield. This was funded by the Gloucestershire Group Homes.

Staff told us if people wanted to attend church this would be supported and people's religious and cultural needs were taken into account. One person in the past attended church regularly but now has stated they would prefer to stay at home. This decision was respected. We were told there was another person who liked to attend couple of times a year. There was a local church in the village.

Some people accessed the community independently many of the individuals living in the home have lived in Nailsworth a long time and have built positive relationships with staff from the local shops and community. Staff told us that if a person becomes anxious when out in the local area, shop staff will contact the home and ask for assistance. When this happens staff will either respond from Wortley Villa or they would make contact with the on call manager for assistance.

Is the service responsive?

Staff described people positively and the support they required. They showed a good understanding of the triggers for a person's anxiety and how they supported them. For example, one person would be anxious before visiting family. Staff would provide reassurance about the visit and the arrangements for getting there and back. Staff told us it was important that the home was calm to avoid any further heightened anxieties leading up to the visit. Another person did not like noise, so steps were taking to reduce the noise levels within the home.

A member of staff told us house meetings were not organised as some people found group sessions difficult. They told us instead information was shared with people informally and their views sought through general conversations about the running of the home and their

care and support needs. Where people expressed an interest or made a suggestion then this would be addressed. There were no records of these informal discussions.

There was a clear procedure for staff to follow should a concern be raised. There had not been any complaints raised by people using the service or by their relatives. A recent survey confirmed that relatives were aware of the complaints procedure and knew who to make contact. Staff told us that if a complaint was received this would be escalated to the senior management team who would investigate and liaise with the complainant. Staff confirmed there was regular contact with families and concerns were addressed promptly which avoided them escalating into a complaint.

Is the service well-led?

Our findings

Staff confirmed they could either contact the registered manager, the provider or a senior for telephone advice. There was an on call rota so staff knew who to contact in the event of an emergency or for assistance. A member of staff told us the team was small, therefore the communication was effective as they regularly worked with each other. Wortley Villa staff team consisted of three home support workers, a senior team leader and the registered manager.

The registered manager was responsible for a further two homes in the local area. Staff confirmed the registered manager visited regularly and met with the staff and the people in the home. The senior had day to day responsibility for the home and managed and supervised the staff on a regular basis. Staff were knowledgeable about the people they supported and had received training in supporting people with Autism and Asperger's syndrome.

The registered manager and the staff had a good understanding of the culture and ethos of the organisation, the achievements, concerns and risks. There was a commitment to treat people as individuals and to provide a safe service for them.

Staff told us the nominated individual visited the home on a regular basis and was knowledgeable about the people and the staff that worked for the organisation. Weekly meetings were held with the senior management team at the main office. The registered manager told us these were held to discuss all the homes in the group and covered any risks, staffing issues, any care and welfare issues and property management such as repairs.

Team days were organised every six months. All the staff working for the Gloucestershire Group Homes Limited Home Group attended. The registered manager told us this was an opportunity to meet up as a team for a full day to look at specific areas in relation to the running of the six homes, the care of people and to complete some training. We were told this had taken place in April 2015 and staff had received training on safeguarding adults and supporting people with Autism.

People's views and those of their relatives were sought through an annual survey. Surveys were used to evaluate the service provided and make improvements where necessary. Relatives had confirmed they were happy with

the service, they knew how to raise a complaint and the staff were professional and helpful. One relative had raised a concern about the lack of activities and had made suggestions for this to improve. The registered manager told us this had been discussed with the individual to ensure they were happy with the present arrangements. This person told us they were happy and did not wish to do any more than what they were doing. Another relative had stated, 'I would like to express my thanks to all staff who do everything to make (name of person) life as happy as possible'.

There were two registered managers working for the organisation who had responsibility for three homes each. Both of the registered managers visited the home on a bi-monthly basis and compiled a report on the quality of the service provided to the people living in the home. This included spending time with people, looking at records and the environment. The reports showed that areas of improvement were identified such as making sure care plans were current or decoration was completed. These were followed up on subsequent visits to ensure appropriate action had been taken. In addition the registered manager told us the committee members also completed visits to the home to monitor the quality. There were no records kept of these visits.

Gloucestershire Group Homes Limited had quarterly board meetings. These were attended by four members of the committee and the senior management team. The committee members were made up of local business people in the past there were family representatives. Minutes of the meetings were maintained including any decisions made. Discussions were had about the budgetary arrangements, any risks to the service and people they supported. This ensured the committee members were kept informed about the quality of the service. The registered manager told us there was an annual general meeting (AGM) and people using the service and their relatives were encouraged to attend. This was also a social event for people to get together with staff and other stakeholders.

Regular checks were being completed on different areas of the running of the home and the delivery of care. This included checks on the medicines, care plans, the environment and health and safety. Where there were shortfalls action had been taken to address these.

Is the service well-led?

We reviewed the incident and accident reports for the last twelve months. There had been very few accidents. Appropriate action had been taken by the member of staff working at the time of the accident. There were no themes to these incidents, however the staff had reviewed risk assessments and care plans to ensure people were safe.

From looking at the accident and incident reports we found the registered manager was reporting to us appropriately. The provider has a legal duty to report certain events that affect the well-being of the person or affects the whole service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

How the regulation was not being met: Staff had not received regular training appropriate to their roles which could put people at risk of unsafe care. Regulation 18 (2) (a).

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

How the regulation was not being met: People could not be assured the information that was held about them was current and there was a lack of daily records relating to the delivery of care. This meant people were at risk of not receiving care that was appropriate or reflected their changing needs.